

AHA Number	Procedure Number (If Applicable)		Title		
FMU	TA	Building	Room	Other	
Requested By (Print Name)		Organization		Department (for SSS use only)	
Changes					
Check the changes below that apply to the AHA.					
<input type="checkbox"/> Addition	<input type="checkbox"/> Principal Work Steps	<input type="checkbox"/> ES&H Hazards	<input type="checkbox"/> Hazard Controls		
<input type="checkbox"/> Deletion	<input type="checkbox"/> Principal Work Steps	<input type="checkbox"/> ES&H Hazards	<input type="checkbox"/> Hazard Controls		
<input type="checkbox"/> Revision	<input type="checkbox"/> Principal Work Steps	<input type="checkbox"/> ES&H Hazards	<input type="checkbox"/> Hazard Controls		
Description					
(Describe the changes below. Continue on back, if necessary.)					
Reasons					
Signatures					
Supervisor _____ / _____ Date _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Signature </div>					
Qualified Person _____ / _____ Date _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Signature </div>					
Date Change(s) Completed		By _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Title </div>			

Hazard Analysis Briefing

My signature below indicates that I have read all of the Hazard Analysis thoroughly

Employee Name (Print)	Z-Number	Employee Signature	Date